



Kentucky Board of Nursing
312 Whittington Pky, Suite 300
Louisville, KY 40222-5172

Phone: 502-329-7000 or 800-305-2042
Fax: 502-329-7011
Website: <http://kbn.ky.gov>

VERIFICATION OF LICENSURE

ATTACHMENT 2

To the Applicant

Complete the top section only, and send this form and the appropriate fee to the board of nursing in the state where you received your original license. (Contact your original state of licensure for the appropriate fee.)

Note: Be sure to check the NurSys Form to determine if you should complete this attachment or the NurSys Form.

Registered Nurse ☐

Licensed Practical Nurse ☐

Last Name

First Name M.I.

Maiden Name

Street

City State Zip

Social Security #
 - -

Nurse License #

Date of Birth
 - -

To Be Completed by the Board of Nursing in the State of Your Original Licensure

Licensed in the State of By Endorsement ☐ Date License Issued - -

By Examination ☐

Type of Program: Vocational ☐ RN Diploma ☐ ADN/AAS ☐ BSN ☐ Other ☐ List

Name of Nursing Program

City of PON State of PON

Date of Completion (Month/Year) - Is/Was this an approved program? Yes ☐ No ☐

Has this license ever been revoked, suspended, restricted, limited, probated, or otherwise disciplined? Yes ☐ No ☐

If yes, attach a copy of any order by the board.

Is there any action pending on this license? Yes ☐ No ☐ If yes, attach an explanation.

Did this individual take and pass either the State Board Test Pool Examination (SBTPE) or the National Council Licensure Examination (NCLEX)?

Yes ☐ No ☐

I certify that the above information for the above named nurse represents accurately the information on file with the board.

Signed and the board seal affixed on this date: - -

SEAL

Signature:

Title: